



**SENATE SUBSTITUTE AMENDMENT 1,
TO 2009 SENATE BILL 647**

1 **AN ACT** *to amend* 252.12 (2) (a) 8. (intro.); and *to create* 49.45 (25g) and 49.46
2 (2) (b) 18. of the statutes; **relating to:** HIV-related care coordination services
3 provided to Medical Assistance recipients.

Analysis by the Legislative Reference Bureau

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

4 **SECTION 1.** 49.45 (25g) of the statutes is created to read:
5 **49.45 (25g) HIV CARE COORDINATION.** (a) In this subsection, “care coordination”
6 includes coordination of outpatient medical care, specialty care, inpatient care,
7 dental care, and mental health care and medical case management.
8 (b) The department shall develop a proposal to increase medical assistance
9 reimbursement to each provider that receives a grant under s. 252.12 (2) (a) 8. and
10 to which at least one of the following applies:

1 1. The provider is recognized by the National Committee on Quality Assurance
2 as a Patient–Centered Medical Home.

3 2. The secretary determines that the provider performs well with respect to all
4 of the following aspects of care:

5 a. Adoption of written standards for patient access and patient communication.

6 b. Use of data to show that standards for patient access and patient
7 communication are satisfied.

8 c. Use of paper or electronic charting tools to organize clinical information.

9 d. Use of data to identify diagnoses and conditions among the provider's
10 patients that have a lasting detrimental effect on health.

11 e. Adoption and implementation of guidelines that are based on evidence for
12 treatment and management of HIV–related conditions.

13 f. Active support of patient self–management.

14 g. Systematic tracking of patient test results and systematic identification of
15 abnormal patient test results.

16 h. Systematic tracking of referrals using a paper or electronic system.

17 i. Measuring the quality of the performance of the provider and of individuals
18 who perform services on behalf of the provider, including with respect to provision
19 of clinical services, patient outcomes, and patient safety.

20 j. Reporting to employees and contractors of the provider and to other persons
21 on the quality of the performance of the provider and of individuals who perform
22 services on behalf of the provider.

23 (c) The department's proposal under par. (b) shall specify increases in
24 reimbursement rates for providers that satisfy the conditions under par. (b), and
25 shall provide for payment of a monthly per–patient care coordination fee to those

1 providers. The department shall set the increases in reimbursement rates and the
2 monthly per-patient care coordination fee so that together they provide sufficient
3 incentive for providers to satisfy a condition under par. (b) 1. or 2. The proposal shall
4 specify effective dates for the increases in reimbursement rates and the monthly
5 per-patient care coordination fee that are no sooner than January 1, 2011. The
6 increases in reimbursement rates and monthly per-patient care coordination fees
7 that are not provided by the federal government shall be paid from the appropriation
8 under. s. 20.435 (1) (am).

9 (d) The department shall, subject to approval by the U.S. department of health
10 and human services of any required waiver of federal law relating to medical
11 assistance and any required amendment to the state plan for medical assistance
12 under 42 USC 1396a, implement the proposal under par. (b) beginning January 1,
13 2011.

14 (e) A provider may not seek medical assistance reimbursement under this
15 subsection and sub. (25) (be) for the same services.

16 **SECTION 2.** 49.46 (2) (b) 18. of the statutes is created to read:

17 49.46 (2) (b) 18. Care coordination, as specified under s. 49.45 (25g).

18 **SECTION 3.** 252.12 (2) (a) 8. (intro.) of the statutes, as affected by 2009
19 Wisconsin Act 28, is amended to read:

20 252.12 (2) (a) 8. 'Mike Johnson life care and early intervention services grants.'
21 (intro.) The department shall award not more than \$3,569,900 in each fiscal year in
22 grants to applying organizations for the provision of needs assessments; assistance
23 in procuring financial, medical, legal, social and pastoral services; counseling and
24 therapy; homecare services and supplies; advocacy; and case management services.
25 These services shall include early intervention services. The department shall also

award not more than \$74,000 in each year from the appropriation account under s. 20.435 (5) (md) for the services under this subdivision. The state share of payment for case management services that are provided under s. 49.45 (25) (be) to recipients of medical assistance shall be paid from the appropriation account under s. 20.435 (1) (am). Subject to approval by the U.S. department of health and human services under s. 49.45 (25g) (d), the state share of payment for HIV-related care coordination that is provided under s. 49.45 (25g) to recipients of medical assistance, and for any increases in reimbursement rates under s. 49.45 (25g), shall be paid from the appropriation under s. 20.435 (1) (am). All of the following apply to grants awarded under this subdivision:

(END)